ILLINOIS WORKERS' COMPENSATION COMMISSION STIPULATION TO SUBSTITUTE ATTORNEYS

ATTENTION, PETITIONER: please attach a copy of the Attorney Representation Agreement.

		Cose #	_WC
Employee/Petitioner	_	Casc #	_ WC
v.			
Employer/Respondent	-		
I,,	, want the attorney,		······································
to appear on my behalf in this case.			
		Signature of petit	ioner or respondent
I hereby withdraw as the attorney for the above	e party.		
		Signature of attor	ney
		Name of attorney	and IC attorney code # (please print)
		Name of law firm	1
I hereby enter my appearance as the attorney for the above party.		Signature of attorney	
		Name of attorney	and IC attorney code # (please print)
		Street address	
		City, State, Zip c	ode
		Telephone number	er Email address
		Date	